

Brief summary of WHIE activities
June 2, 2006

WHIE voting members held their first annual membership meeting on January 24, 2006. Members and their guests heard remarks from a number of national speakers and an update on plans for the State of Wisconsin's eHealth Board. Members elected a broad-based board of directors for WHIE following the annual meeting, including representatives from hospitals, physician organizations, pharmacies, laboratories and both private and public payer groups. At the March board meeting, initial committees were formed including admin/finance, technology, clinical care, education, policy/standards, and nominating. Mr. Jim Wrocklage was elected board chair and will serve as its executive director. Ms. Elana Rotter will serve as WHIE coordinator. Part-time employment agreements have been established for both of these positions. The WHIE contract with DPH has been finalized. The WHIE business plan is being updated and committee objectives finalized, thereby fulfilling the first major objective of the WHIE InformationLinks contract. The next WHIE board meeting is scheduled for June 14th, 2006. Current priorities as recognized in the WHIE business plan include:

1. WHIE shall implement a business structure with a broad-based board of directors, a reasonable dues structure for members, and dedicated staff.
2. WHIE shall implement a technology infrastructure that provides for proper security, authorization of users, and indexing of patient information from multiple sources.
3. WHIE shall pursue a project with the Emergency Department Care Coordination Workgroup to implement a system that provides emergency clinicians with software tools that lead to improved quality and efficiency of emergency care.
4. WHIE shall pursue a project that creates a regional medication reconciliation system that serves all patients in multiple settings.
5. WHIE shall plan for the implementation of an electronic results routing and messaging system to improve efficiencies in multiple outpatient clinics.

The Emergency Department Care Coordination effort will be studied to determine how it can also fulfill a dual need by linking emergency department encounter information to support both clinical care and a state surveillance system that will improve public health preparedness. This effort is continuing to progress on schedule with the second major objective of the state InformationLinks contract.

Respectfully submitted,

Ed Barthell